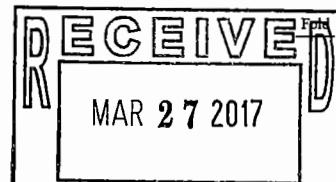


PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Rosita Sabrosso-Rennick	COURT CASE NUMBER 5:17-cv-114-BO						
DEFENDANT North Carolina State Treasurer	TYPE OF PROCESS Summons&Complaint						
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN							
SERVE { North Carolina Department of State Treasurer							
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)						
3200 Atlantic Avenue, Raleigh, NC 27604							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							
<p>Rosita Sabrosso-Rennick 2507 Triangle Lake Road High Point, NC 27260</p>							
<table border="1"> <tr> <td>Number of process to be served with this Form 285</td> <td>1</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>1</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form 285	1	Number of parties to be served in this case	1	Check for service on U.S.A.	
Number of process to be served with this Form 285	1						
Number of parties to be served in this case	1						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold



Signature of Attorney other Originator requesting service on behalf of: <i>J. St</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	443-240-3260	3/24/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 51e	District to Serve No. 51e	Signature of Authorized USMS Deputy or Clerk <i>Carol Smith</i>	Date 3-27-17
---	--------------------	-------------------------------	------------------------------	--	-----------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 3-30-17	Time am pm
Signature of U.S. Marshal or Deputy <i>Carol Smith</i>		

Service Fee 800	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 800 - \$0.00
--------------------	--	----------------	----------------------	------------------	---

REMARKS: 3-27-17 CM 7016 0910 0000 6529 3940
4-3-17 See Green card

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FILED

APR 27 2017

PETER A. MOORE, JR., CLERK
U.S. DISTRICT COURT CLERKING
BY *[Signature]*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

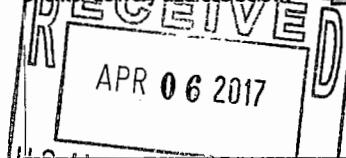
WADE THOMAS

Agent
 Addressee

Date of Delivery
MAR 30 2017

Is my address different from item 1? Yes
 No

Enter delivery address below



U.S. Marshalls SERVICE

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Mail	
<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> \$500)	

North Carolina Dept. of State Treasurer
3200 Atlantic Avenue
Raleigh, NC 27604



9590 9402 1790 6074 4460 11

51nCV114 BO

2. Article Number (Transfer from service label)

7016 0910 0000 8529 3940

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt